



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 9731DOMINICAN DRIVE LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**RICARDO GONZALEZ**

Name of Person

Firm/Company

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**RICARDO GONZALEZ**

Name of Person

at ( )

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**STATEMENT OF AUTHORITY**

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: 9731 DOMINICAN DRIVE LLC

SECOND: The Florida Document Number of the limited liability company is: L18000110633

THIRD: The street address of the limited liability company's principal office is:  
9485 SUNSET DRIVE  
A-250  
MIAMI, FL 33173

The mailing address of the limited liability company's principal office is:  
9485 SUNSET DRIVE  
A-250  
MIAMI, FL 33173

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

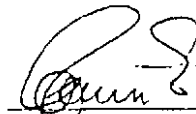
a. Granted to: RICARDO GONZALEZ

b. No authority granted to: N/A

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: RICARDO GONZALEZ

b. No authority granted to: N/A

  
\_\_\_\_\_  
Signature of authorized representative

RICARDO GONZALEZ  
\_\_\_\_\_  
Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

FILED  
18 JUL 20 PM 12:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA